



February 1999

FISCAL YEAR 1999

**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART THREE

FY 1999

**Scholarship Programs
Application Checklist**



Department of Health and Human Services
Public Health Service
Indian Health Service



PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM ACADEMIC YEAR 1999-2000 APPLICATION CHECKLIST

The applicant must complete and forward this sheet with the application and required documents.
Please check the appropriate box for each document which is enclosed.

APPLICANT NAME	CAREER CATEGORY
SOCIAL SECURITY NUMBER	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH

HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT ☐ Yes ☐ No

If "Yes", enter below:

CAREER CATEGORY _____ SECTION _____

TYPE OF APPLICATION: ☐ New ☐ Continuing
☐ Health Preparatory ☐ Pregraduate ☐ Health Professions

ALL APPLICANTS:	NEW	CONTINUING
1. Applicant Checklist	<input type="checkbox"/>	<input type="checkbox"/>
2. Application Form IHS-816 (Continuation's—Data Sheet)	<input type="checkbox"/>	<input type="checkbox"/>
3. Letter of Acceptance from College/Proof of Application to Health Professions Program (Applicable to continuation students who are transferring schools, changing from 103/103P to 104, or changing disciplines)	<input type="checkbox"/>	<input type="checkbox"/>
4. Official Transcripts for All Colleges Cumulative GPA: Applicant's Calculation: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Documents for Indian Eligibility	<input type="checkbox"/>	
6. Two Faculty/Employer Evaluations	<input type="checkbox"/>	
7. Reason for Requesting Scholarship	<input type="checkbox"/>	
8. Delinquent Debt Form	<input type="checkbox"/>	<input type="checkbox"/>
9. W-4 Form	<input type="checkbox"/>	<input type="checkbox"/>
10. Course Curriculum Verification (If part-time—minimum of six credit hours)	<input type="checkbox"/>	<input type="checkbox"/>
11. Acknowledgment Card	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH PROFESSIONS APPLICANTS ONLY:		
12. Section 104 Contract Signed and Dated	<input type="checkbox"/>	<input type="checkbox"/>
13. Health Related Experience (MPH Only) - Optional Form	<input type="checkbox"/>	

I verify the application is complete.

APPLICANT'S SIGNATURE	DATE
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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it display a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1006, ATTN: PRA (0917-0006). Do not return the completed form to this address.



February 1999

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**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART FOUR

**Application Receipt Card and
Address Change Notice**

IHS-815 and IHS-816



Department of Health and Human Services
Public Health Service
Indian Health Service



**INDIAN HEALTH SERVICE
SCHOLARSHIP PROGRAM
ADDRESS CHANGE NOTICE**

PRINT NAME:

FIRST MIDDLE LAST

OLD ADDRESS:

City: _____
State: _____ Zip Code: _____
Telephone (Area Code) _____ (Number) _____

NEW ADDRESS:

City: _____
State: _____ Zip Code: _____
Telephone (Area Code) _____ (Number) _____

EFFECTIVE DATE OF
CHANGE:

(Please fill on dotted line and tape closed on all three sides)

Check Appropriate Box

- ☐ I already have an IHS scholarship.
☐ I am in postgraduate training.
☐ I am in active duty.

Social Security Number:

(Necessary for applications. See Privacy Action in Application packet.
REQUIRED for all owners.)

SIGNATURE: _____

Enter **YOUR** complete mailing address on the IHS SCHOLARSHIP mailing card (below), tear along perforated line, and place in Application Package (refer to instructions).
Do NOT mail the card.

The Address Change Notice (IHS-816) card should be retained for future use.



**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Public Health Service
Indian Health Service
Rockville MD 20857

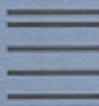
Official Business
Penalty for Private Use \$300

PLEASE PRINT NAME AND ADDRESS

DEPARTMENT OF
HEALTH & HUMAN SERVICES

Public Health Service
Indian Health Service
Rockville MD 20857

Official Business
Penalty for Private Use \$300



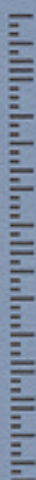
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 949 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Indian Health Service Scholarship Program
Public Health Service
Twinbrook Metro Plaza - Suite 100
1230 Twinbrook Parkway
Rockville MD 20852-9736



Your application for an
INDIAN HEALTH SERVICE SCHOLARSHIP
has been received by this office.

Please notify this office of changes in address or telephone.
You may be contacted by the Scholarship Program should
further information be needed.

FROM: Grants Management Officer
Grants Management Branch
Division of Acquisition and Grants Operation
Indian Health Service Scholarship Program
Twinbrook Metro Plaza - Suite 100
12300 Twinbrook Parkway
Rockville, Maryland 20852

IHS-815
Rev. 12/88

Acknowledgement of Receipt of Application